## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/585029

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)              |  |   |   |  |                                       | SMALL ENT           | SMALL ENTITY TYPE      |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|---|--|---------------------------------------|---------------------|------------------------|----|-------------------------------|------------------------|
| U.S. NATIONAL STAGE FEES                                     |  |   | (2222)  | <u>,,,                                  </u> |                                       | RATE                | FEE                    |    | RATE                          | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. =  | = \$ 150 LAR                                 | RGE ENT. = \$ 300                     | BASIC FEE           | 150                    | OR | BASIC FEE                     |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Arti                                    | , , ,  | other situations =<br>\$ 100 / \$ 200 | EXAM. FEE           | 100                    |    | EXAM. FEE                     |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ 5<br>ALL other coun<br>\$ 200 / \$ 4 | intries = ALL o                              | other situations =<br>\$ 250 / \$ 500 | SEARCH FEE          | 50                     |    | SEARCH FEE                    |                        |
| FEE FOR EXTRA SPEC. PGS.                                     |  |   | 116 minu  | is 100 = /6                                  | <b>&gt;</b> / 50 = <b>/</b>           | X \$ 125 =          | 125                    |    | X \$ 250 =                    |                        |
| тот  | AL CHARGEAB                                    | LE CLAIMS                                 | 20 min  | ₩ minus 20 = * —                             |                                       | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
| INDE   | EPENDENT CLA                                   | AIMS                                      | 3 mi  | inus 3 = * —                                 |                                       | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
| MUL  | TIPLE DEPEND                                   | DENT CLAIM PRE                            | ESENT   |  |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
| * If   | the difference                                 | in column 1 is l                          | less than zero  | , enter "0" in c                             | olumn 2                               | TOTAL               | 375                    | OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |   |  |                                       | SMALL E             | SMALL ENTITY           |    | OTHER THAN OR SMALL ENTITY    |                        |
| VT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                      | RATE                | ADDI-<br>TIONAL<br>FEE | .  | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus   | **   | =                                     | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
| AMEN   | Independent                                    | *   | Minus   | ***  | =                                     | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
|  |  |   |   |  |                                       | TOTAL ADDIT.<br>FEE | •                      | OR | TÖTAL ADDIT.<br>FEE           |                        |
| İ  |  | (Column 1)                                |   | (Column 2)                                   | (Column 3)                            |                     | •                      |    |                               |                        |
| тв   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT                               | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus   | **   | =                                     | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
| AMEN   | Independent                                    | *   | Minus   | ***  | =                                     | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                                       | + \$ 180 =          |                        | OR | + \$ 360 =                    |                        |
|  |  |   |   |  |                                       | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
| *  | •  | umn 1 is less than the                    | •   | 2, write "0" in colun                        |                                       |                     |                        |    |                               |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.